

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580,240

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52		1				
3		2					53		1				
4		0					54		1				
5		0					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11	1						61						
12		1					62						
13		1					63						
14		0					64						
15		0					65						
16		0					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		5					72						
23		5					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28	1						78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	24	←		←		←
TOTAL CLASSES							TOTAL CLASSES	27					